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To: From:	Account Number : I19 Phone : (21	0)617-6383 BURR KEIM COMPANY	PM 3: 12
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	Foreign Limited Li LUBERT-ADL Certificate of Status Certified Copy Page Count Estimated Charge		Z M 9 18 COFSTATE
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S. YOUNG

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN FLORIDA	
IN COMPLIANCE WITH SECTION 603.0902, FLORIDM STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDM:	TER A FOREIGN LIMITED HABILIT.
LUBERT-ADLER GP LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alterna Liability Company," "L.L.C." or "LLC.")	ta name must include "Cimited
Delaware 46-50092	22
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicant company is organized)	cable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. Cira Centre - 2929 Arch Street	
Philadelphia, Pennsylvania 19104-2868 (Street Address of Principal Office)	
6. Cira Centre - 2929 Arch Street	
Philadelphia, Pennsylvania 19104-2868	一意
7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)	語るコ
Name: W. Bradley Munroe, Esquire	運るに
Office Address: 239 E. Virginia Street	
Tallahassee , Florida 3230	1 53.9
(City) (Zip code	十 電景 云
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited designated in this application, I hereby accept the appointment as registered agent and agree to act to complywith the provisions of all statutes relative to the proper and complete performance of my diaccept the obligations of my position as registered agent.	n this capacity. I further agree
1200 16 M	
Registered Agent's Signature (REWURED)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Ira M. Lubert, Managing Member Dean S. Adler, Managing N	<u>1ember</u>
Cira Centre - 2929 Arch Street Cira Centre - 2929 Arch Str	eet
Philadelphia, PA 19104-2868 Philadelphia, PA 19104-28	68
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official hav jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	ing custody of records in the in of the certificate under oath
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that submitted in a document to the Department of State constitutes a third degree felony as provided for in s.	any false information 817.155, F.S.

Steven C. Bravato, Authorized Person

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUBERT-ADLER GP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5458419 8300

SR# 20160515843

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSES

Authentication: 201761183

Date: 02-01-16